



State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: HR861421

RFGA Due Date / Time: April 21, 2008 at 3:00 P.M. Local Time

Submittal Location: Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Procurement: Pregnancy Services for Apache and Navajo Counties

Pre-Application Conference: NONE

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications to provide materials or services specified will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, on or prior to the time and date, and at the submittal location indicated above. **Late applications will not be considered.**

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed legibly in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the Grant Solicitation Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Cynthia Daugherty
Name

(602) 542-2942
Telephone

daughec@azdhs.gov
Email Address



GRANT APPLICATION
RFGA NO. HR861421

Arizona Department Of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

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GRANT APPLICATION
RFGA NO. HR861421

Arizona Department Of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

The Undersigned hereby applies and agrees to furnish the materials, service(s) or construction in compliance with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name

Name of Person Authorized to Sign Application
(Please type or print)

Street Address

Title of Authorized Person

City State Zip Code

Signature of Authorized Person Date

Telephone Number: _____

Facsimile Number: _____

E-Mail Address: _____

Acknowledgement of Amendment(s):
*(Applicant acknowledges receipt of amend-
ment(s) to the Request for Grant Application
and related documents numbered and dated*

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF APPLICATION AND GRANT AWARD
(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number **HR861421**

You are hereby cautioned not to commence any billable work or provide any material or service under this Grant until you receive an executed purchase order, Grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2008.

State Government Administrator

INTRODUCTION

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STATEMENT OF PURPOSE

The Bureau of Women's and Children's Health (BWCH) oversees nineteen (19) programs, including the Pregnancy Services Program. Services can be provided up to the child's first birthday. The Pregnancy Services Program is a new initiative that was established by the 2006 State Legislature to provide \$20,000 in individual grants to non-profit agencies whose primary function is to assist pregnant women seeking alternatives to abortion. Program funding must be used to provide medically accurate services and programs related to pregnancy and up to twelve (12) months after birth to pregnant women seeking alternatives to abortion. Medically accurate is defined as: "supported by research, recognized as accurate and objective by leading medical, psychological, psychiatric, and public health organizations and agencies, and where relevant, published in peer-reviewed journals."

The mission of the Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health is: "To strengthen the family and the community by promoting and improving the health status of women, infants, and children." The functional structure includes the following sections: Assessment and Evaluation, Community Services, Planning, Education and Partnership and Business Section. The Office manages and distributes approximately **\$26,362,635** in federal and state funds to support community efforts targeted towards improving the health of Arizona's women and children.

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WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

The Funding Source for this Grant is State appropriations (**HB 2863**) that support these Grant activities.

The grant funds can be used to provide one (1) or more of the following **pregnancy** related services:

- Options counseling
- Prenatal vitamins
- Folic acid education
- Education on prenatal care
- Education on the benefits of breastfeeding and local resources that support breastfeeding mothers
- Parenting skills training and education
- Education on infant/child care and development
- Education on the childhood immunization schedule and the importance of age appropriate immunizations
- Preconception care education and support

Services can be provided up to the child's first birthday.

Grantees are also required to refer pregnant women to appropriate public health services including, AHCCCS for Medicaid eligibility, the Baby Arizona hotline, and other Arizona Department of Health Services programs that serve pregnant women i.e. (Health Start, County Prenatal Block Grant).

Funds **cannot** be used to promote abortions, make referrals for abortions or perform abortions.

Funds **cannot** be used to purchase capital equipment.

Funds **cannot** be used for sectarian instruction, worship, prayer or proselytization.

ELIGIBILITY
RFGA NO. HR861421

ELIGIBLE APPLICANTS

Entities eligible to apply for this Grant must be **Non-Profit** agencies whose primary function is to assist pregnant women seeking alternatives to abortion. These funds **cannot** be awarded to entities that promote, make referrals to, or perform abortions for women.

INSTRUCTIONS

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SPECIAL INSTRUCTIONS TO APPLICANTS

1. Application Opening:

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each applicant shall be read at this time. After grant award, the applications and evaluation documents shall be open for public inspection.

2. Evaluation Criteria:

Grant Applications will be evaluated according to the Grant requirements per ARS §41-2702 F. The evaluation criteria are listed in the relative order of importance and are based on the following:

- a. Written narrative response to each of the Scope of Work, Section IV. TASKS 1 – 7 on pages 15 - 16 to perform and complete the work.
- b. Experience/expertise/reliability and qualifications based on background, history, track record, organization chart, financial statement, staff resumes, letters of reference, and letters of support. Ability to perform services as reflected by availability and suitability of staff resources.
- c. Collaboration as demonstrated with memorandums of understanding, sub-contracts and letters from collaborative agencies describing support of the proposed partnership.
- d. Itemized budget, budget justification, and price sheet showing proposed cost(s) including other sources of funds.
- e. Conformance to all other RFGA requirements and conditions.

3. Written Questions:

Submit any questions about the RFGA needing clarification, in writing, not later than seven (7) working days prior to the RFGA due date to:

Cynthia Daugherty, Procurement Specialist
Arizona Department of Health Services
1740 W. Adams, Room 303
Phoenix, AZ 85007
Fax: 602-542-1741
Email: daughec@azdhs.gov

4. Confidential Information:

If an applicant believes that their application contains information that should be withheld, a statement advising the Procurement Officer of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The Applicant shall stamp or specifically identify all information believed to be confidential. The information identified by the Applicant as confidential shall not be disclosed until the State Government Administrator (or his/her designee) makes a written determination. The Administrator shall review the statement and information and shall determine in writing whether the information shall be withheld. If the Administrator determines the information is not confidential, the Administrator shall inform the applicant in writing of such determination.

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5. Discussion:

The ADHS reserves the option to conduct discussions with applicants. The purpose of these discussions is to provide clarification and to assure full understanding of and responsiveness to the application requirements regarding the Grant.

6. Multiple Awards:

ADHS reserves the right to award grants to multiple applicants. In order to assure that any ensuing Grants will allow the State to fulfill current and future needs, the ADHS reserves the right to award Grants to multiple applicants.

7. Application Acceptance Period:

To be eligible for grant award, application cost estimates must be held open for one-hundred twenty (120) days.

8. Collaborative Partnerships within Program Areas:

The State encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

9. Authorized Signature:

- a. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign grant agreements. Additionally, if requested by ADHS, disclosure of ownership information shall be submitted.
 - (1) Privately Owned: The Owner must sign the Grant Application.
 - (2) Partnership: A Partner must sign the Grant Application.
 - (3) Corporation: A duly authorized Corporate Officer must sign the Grant Application.
- b. If a person other than these specified individuals signs the Grant Application, a Power of Attorney indicating the employee's authority must accompany the Grant Application. All addenda to the Grant Application shall be signed by the authorized individual who signed the Grant Application except that they may be signed by a duly authorized designee.

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HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA:
 - a. **“Activities”** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
 - b. **“ADHS”** means the Arizona Department of Health Services.
 - c. **“Attachment”** means a document that must be filled out and included as part of the Grant Application.
 - d. **“Department”** means the Arizona Department of Health Services.
 - e. **“Exhibit”** means a document included only for informational purposes. It is not intended to be submitted as part of the Grant Application.
 - f. **“Key personnel”** means staff involved in the planning, administration, operation, or monitoring of this grant.
 - g. **“Medically and Scientifically Accurate”** information will be determined to be medically and scientifically inaccurate if that information is unsupported or contradicted by a preponderance of peer-reviewed research by leading medical, psychological, psychiatric, and public health publications, organizations and agencies.
 - h. **“Shall or Must”** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.
 - i. **“Youth Development”** indicates approaches to help young people navigate the challenges of adolescence by offering continuous support from adults around them, creating a sense of opportunity before them, and providing a chance to develop skills to help make the most of current and future opportunities. Youth development programs build assets for young people that both protect and motivate them to achieve.
3. **Required Application Information.** The following shall be submitted concurrent with and as part of the Application:

One (1) original and three (3) copies of each application shall be submitted on the forms and in the format specified in the RFGA. If responses are typewritten, they shall be in a 12-point font and single-spaced. The original ink signed application shall be clearly labeled **“ORIGINAL”**. The three (3) copies shall be submitted and marked as “copy”. The ADHS will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the application. Applications shall have a table of contents, tabs for each section, and shall be provided in one (1)-inch, three (3) ring binders, labeled with the applicant’s name and program title. All pages shall be sequentially numbered and material shall be in the following sequence and related to the RFGA:

- a. Table of Contents for entire application with page numbers
- b. Signed Application and Award Document
- c. Terms and Conditions (one (1) set with the original application only)
- d. Written responses to IV. TASKS, 1- 7 pages 15-16

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- e. Contact Information, completed
 - f. Completed Price Sheet – page 28
 - g. Applicant's Key Personnel – page 18
 - h. Completed Applicant's Experiences (provide two (2) references) – pages 19 and 20
 - i. Budget Development Worksheet – page 26
 - j. Completed List of Other Funding Sources – page 27
 - k. Other Attachments: As applicable-for example, copies of subcontracts, examples of applicant's program materials. Other attachments shall not exceed ten (10) pages.
- 4. Submit completed applications on or before April 21, 2008 at 3:00 PM Local Time to the Arizona Department of Health Services, Procurement Office, 1740 W. Adams, Room 303, Phoenix, Arizona, 85007.
 - 5. Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each applicant shall be read publicly and recorded.
 - 6. ADHS may conduct discussions and suggest changes to the applications. If discussions are conducted, applicants will be invited to modify their applications. The State of Arizona reserves the right to award grants for less than the proposed amount.
 - 7. Keep a copy of this solicitation and submitted grant proposal. If awarded, the Grantee shall be bound to the services listed by the grant proposal and based upon the solicitation, including all terms, conditions, specifications, amendments, etc.
 - 8. **FEDERAL IMMIGRATION LAWS, COMPLIANCE BY STATE CONTRACTORS & GRANTEES:**

By signing the Grant Application, the Applicant warrants that it and all proposed subcontractors are in compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Applicant shall obtain statements from all proposed subcontractors certifying compliance with this requirement and shall furnish the statements to the Procurement Officer upon request.

TERMS AND CONDITIONS

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1. **Grant Term.** The initial term of this Grant shall commence upon award of and signature by the State Government Administrator, and shall remain in effect for twelve (12) months unless terminated, canceled, or extended as otherwise provided herein.
2. **Option to Renew Grant.** This Grant shall not bind nor purport to bind ADHS and the Grantee for any grant commitment in excess of the original Grant Term. ADHS shall have the right, at its sole option, to renew the Grant, in one (1)-year increments, not to exceed a total grant term of four (4) years. If ADHS exercises such rights, all terms, conditions and provisions of the original Grant shall remain the same and apply during the option terms.
3. **Grant Reimbursement:** Reimbursement shall be made on a Fixed Price basis.
4. **Grant Amendments.** Any change in this Grant, including the Scope of Work, shall only be accomplished by a formal, written grant amendment, signed by the State Government Administrator. Any such amendment shall be within the scope of the Grant and shall specify the change; any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.
5. **Commencement of Work.** All work to be performed under this Grant must commence within ninety (90) days of award. Work shall not be performed without a Purchase Order.
6. **Key Personnel.** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility (**Attachment 1**). Once assigned to work under this Grant, Key Personnel shall not be removed or replaced without prior notification to the ADHS Program Manager.
7. **Cancellation for Conflict of Interest:** Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.
8. **Suspension or Debarment Status.** If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Grantee with any Federal, State or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided. The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.
10. **Availability of Funds for the Next Fiscal Year.** Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.
11. **Audit.** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five (5) years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

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- 12. Information Disclosure.** The Grantee shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the State or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the State. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the State.
- 13. Accounting Requirements.** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.
- 14. Financial Management.** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for the Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

Federal Funding. Grantees receiving Federal funds under this Grant shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable.

State Funding. Grantees receiving Federal funds under this Grant shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

15. Grant Restrictions.

Applicants will provide a copy of all printed or broadcast media or any other educational materials developed using funds awarded under this Grant to the ADHS Program Manager for approval. Media and/or printed educational materials will adhere to the required wording as follows: "Funded in part by the Bureau of Women's and Children's Health as made available through the Arizona Department of Health Services."

- 16. Payment.** The Grantee shall submit to ADHS a monthly statement of charges in a form to be provided by ADHS prior to the commencement of services. This form, known as a Contractor's Expenditure Report (CER), shall be submitted for the work completed under an approved program manager in conformance with the price sheet/fee schedule of this Grant.
- 17. Arizona Substitute/IRS W-9 Form.** In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.
- 18. Subcontracts.** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Manager and the State Government Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.
- 19. Licenses.** Grantee shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
- 20. Federal Procurement Suspension/Debarment.** All applicants, upon submittal and signature of their application, hereby attest and certify that the company has not been debarred or suspended from Federal procurements.
- 21. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance.** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this grant. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Grant so that both the

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ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

22. Offshore Performance of Work Prohibited: Due to security and identity protection concerns, direct services under this Grant shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the Grant. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.

23. Federal Immigration Laws, Compliance by State Contractors. By entering into the Grant, the Grantee warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Grantee shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Grant. The Grantee and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Grant. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Grantee or subcontractor performing work under the Grant. Should the State suspect or find that the Grantee or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Grant for default, and suspension and/or debarment of the Grantee. All costs necessary to verify compliance are the responsibility of the Grantee.

24. Arbitration: The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes (Title 41).

25. Purchase Orders:

The Grantee shall, in accordance with all terms and conditions of the Grant, fully perform and shall be obligated to comply with all Purchase Orders received by the Grantee prior to the expiration or termination hereof, unless otherwise directed in writing by the ADHS Administrator, including, without limitation, all Purchase Orders received prior to but not fully performed and satisfied at the expiration or termination of this Grant.

26. PANDEMIC CONTRACTUAL PERFORMANCE

1. The State shall require a written plan that illustrates how the Grantee shall perform up to grant standards in the event of a pandemic. The State may require a copy of the plan at anytime prior or post award of a grant. At a minimum, the pandemic performance plan shall include:

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- a. Key succession and performance planning if there is a sudden significant decrease in Grantee's workforce.
 - b. Alternative methods to ensure there are products in the supply chain.
 - c. An up to date list of company contacts and organizational chart.
2. In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this Grant impossible or impracticable, the State shall have the following rights:
- a. After the official declaration of a pandemic, the State may temporarily void the Grant(s) in whole or specific sections, if the Grantee cannot perform to the standards agreed upon in the initial terms.
 - b. The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code.
 - c. Once the pandemic is officially declared over and/or the Grantee can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Grant(s).

SCOPE OF WORK

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PREGNANCY SERVICES PROGRAM

I. BACKGROUND

The 2006 State Budget bill includes \$500,000 in funding in increments of \$20,000 to nonprofit agencies whose primary function is to assist pregnant women seeking alternatives to abortion. The services and programs must be medically accurate, related to pregnancy and may be provided up to twelve (12) months after birth. The funds can not be used for abortion referral services or awarded to agencies "that promote, refer or perform abortions."

II. OBJECTIVE

The objective of the Grant is to provide \$20,000 in individual funds to provide medically accurate services and programs related to pregnancy in Apache and Navajo Counties.

III. SCOPE OF SERVICES

The Grantee will provide services to pregnant women and their children until the child's first birthday in Apache and Navajo Counties. Any services and programs supported by this Grant must be medically accurate. Medically accurate is defined as "supported by research, recognized as accurate and objective by leading medical, psychological, psychiatric, and public health organizations and agencies, and where relevant, published in peer-reviewed journals." The ADHS Program Manager must review and approve any materials used or developed in support of grant funded activities. Grantee may not use these funds for sectarian instruction, worship, prayer or proselytization.

The Grantee will provide one (1) or more of the following services: prenatal vitamins, medically accurate options counseling, education on: the importance of folic acid, prenatal care, breastfeeding, parenting skills, infant/child care and development, immunizations, preconception care and other public health topics that support the health of the mother and baby. If the Grantee is unable to provide any of the services listed above, they will refer the woman to appropriate community-based resources.

In addition, the Grantee will be expected to refer clients to; AHCCCS to determine Medicaid eligibility, prenatal care providers and other appropriate public health programs.

Funds can not be used to purchase capital equipment and can not be used for clinical services.

Examples of information that would not be considered medically accurate include statements that:

- link abortion to an increased risk of breast cancer
- link abortions in the first trimester to an increased risk of future infertility
- links abortions in the first trimester to an increased risk of having an entopic pregnancy in the future
- assert abortions cause more significant psychological stress than giving birth

On a monthly basis, the Grantee shall provide aggregate demographic data to the ADHS Program Manager on the services provided. The format for reporting this data must be reviewed and approved by the ADHS Program Manager.

IV. TASKS

The Grantee shall retype each of the following sections below and describe the related methodology their organization plans to use to perform and complete the services, or provide the information and data being requested.

- 1) **ORGANIZATIONAL SUMMARY:** Submit a brief paragraph that describes how long their organization has been providing services to pregnant women seeking alternatives to abortion, what those services included and provide information on the number of staff/volunteers.

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- 2) **AREA/POPULATION:** Submit a brief statement indicating the geographical area to be serviced in Apache and Navajo Counties and the proposed/potential client population.
- 3) **SERVICES:** Indicate which of the following services your project is proposing to provide in this Grant and to which services clients will be referred to, as needed. Submit all materials used in the provision of the services listed below, to the ADHS for approval prior to use for funded services.

Proposed services to be delivered	YES – Indicate by checking off the box	No – Indicate by checking off the box	Will refer clients for these services
Options Counseling			
Prenatal Vitamins			
Folic Education			
Education on prenatal care			
Education on the benefits of breastfeeding and local resources that support breastfeeding mothers			
Parenting skills training and education			
Education on infant/ child care and development			
Education on the childhood immunization schedule and the importance of age appropriate immunizations			
Preconception care education and support			

- 4) **REFERRALS:** Provide a brief statement describing the Applicant's ability and willingness to refer pregnant women to appropriate public health services including, AHCCCS for Medicaid eligibility, the Baby Arizona hotline and other Arizona Department of Health programs that serve pregnant women (Health Start, County Prenatal Block Grant).
- 5) **DATA:** Provide a brief paragraph describing the Applicant's ability to submit aggregate data on the number of women served and the services provided on a monthly basis.
- 6) **TRAINING:** Provide a brief paragraph describing how the Applicant shall ensure that staff/volunteers have been trained or will receive training on current public health practices related to the educational topics discussed with clients.
- 7) **BUDGET:** Complete Price Sheet – Page 28

V. DELIVERABLES

The Grantee shall submit to ADHS:

1. Monthly Invoice, due by the 15th of the following month.
2. Monthly Report, containing aggregate demographic data on women serviced and funded services provided.

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VI. STATE PROVIDED ITEMS

ADHS shall provide:

1. List of contact information for department programs.

VII. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

- A. Notices, Correspondence, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Arizona Department of Health Services
Bureau of Women's and Children's Health
Pregnancy Services Program Manager
150 North 18th Avenue, Suite 320
Phoenix, AZ 85007
Telephone: (602) 364-1400
Facsimile: (602)364-1496

- B. Notices, Correspondence, Reports from the ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

E-Mail: _____

- C. Payments from ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

E-Mail: _____

ATTACHMENT 1
APPLICANT'S KEY PERSONNEL

RFGA NO. HR861421

INSTRUCTIONS:

List all key personnel by name, position and/or title, responsibilities and percent of time assigned to this Grant. Key personnel is defined as staff involved in the planning, administration, operation, or monitoring of this Grant.

Applicant shall attach a resume for each of the Key Personnel proposed.

Name	Position/Title	Responsibilities	% Time Assigned to Grant

ATTACHMENT 2 APPLICANT EXPERIENCE
RFGA NO.: HR861421

APPLICANT'S EXPERIENCE – Page 1 of 2

Applicant shall submit two (2) completed and signed forms as part of the Application.

Applicants are required to submit information about PAST experience to verify program performance using this form. Insert the information as requested. Responses shall include the details of at least two (2) individual contracts/grants for services related to those described in this RFGA.

Reference Contract/Grant Title: _____

Contract/Grant Term & Dates of Work _____ through _____ Geographic Area Served _____

Target Population Served _____

Narrative (Shall include the results (outcomes achieved, objectives met) of past experiences of each contract/grant and the NUMBER of past contracts/grants the Applicant has had with experience similar to those described in this RFGA):

Reference Company: _____

Contact/Grant Name and Title: _____

Telephone: _____ Address: _____ City/State/Zip: _____

ATTACHMENT 2 APPLICANT EXPERIENCE
RFGA NO.: HR861421

APPLICANT'S EXPERIENCE – Page 2 of 2

Applicant shall submit two (2) completed and signed forms as part of its Application.

Applicants are required to submit information about PAST experience to verify program performance using this form. Insert the information as requested. Responses shall include the details of at least two (2) individual contracts/grants for services related to those described in this RFGA.

Reference Contract/Grant Title: _____

Contract/Grant Term & Dates of Work _____ through _____ Geographic Area Served _____

Target Population Served _____

Narrative (Shall include the results (outcomes achieved, objectives met) of past experiences of each contract/grant and the NUMBER of past contracts/grants the Applicant has had with experience similar to those described in this RFGA):

Reference Company: _____

Contact/Grant Name and Title: _____

Telephone: _____ Address: _____ City/State/Zip: _____

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR861421

Specific types of Provider costs are to be grouped into six (6) budget categories. Within the total cost for each budget category, a series of line item costs are to be identified. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category. It is essential that category costs be comprised of the same item costs as specified in these Guidelines.

1. PERSONNEL SERVICES

- a. Compensation for personnel services is an allowable expense for Provider employees whose work is necessary for the provision of grant services.
- b. Salaries to be charged to the service must relate directly to work on the service. Salaries of employees involved in work on non-grant services must be properly apportioned and later supported by appropriate time distribution records or any other approved method.
- c. Benefits such as vacation, sick and administrative leave, holidays and routine training participation time are to be included in the amount budgeted for an employee's salary. In addition, any salary increases due an employee during the grant period must be included in the budgeted salary costs.

2. EMPLOYEE RELATED EXPENSES (ERE)

- a. Employee Related Expenses (fringe benefits) are allowances and services offered by the Provider agency to its employees as compensation in addition to regular salaries. Fringe benefits must be applied only to that portion of an employee's salary or wages attributable to the service. Fringe benefits budgeted in the Grant must be earned during the Grant period. Benefits accrued prior to the Grant, but not yet paid out, are not expenses allowed by the Department.
- b. Fringe benefits include, but are not limited to Social Security (FICA), Unemployment Insurance, Worker's Compensation, health and life insurance, and retirement. The portion of the cost of these benefits paid by the employee is not an expense of the Provider agency. The employer's cost of these benefits is an eligible Provider agency expense.

3. PROFESSIONAL AND OUTSIDE SERVICES

- a. Professional and consultant services, rendered by individuals or organizations, are allowable expenses if the services are directly related and essential to the grant service(s). The normal types of professional or outside services which may be placed in this budget category are those which relate to the legal, accounting, management, training/education, medical, social service and psychological professions.
- b. A written specification of each of the consultant services to be performed is to be available for the purpose of budget estimating and subsequent audits. The specifications normally will include estimates by item, all consultant costs such as travel, supplies, meetings or any directly related costs of the consultant. Professional and Outside services are frequently purchased on an hourly basis. It is, therefore, recommended that such services be budgeted on a Per Hour billing basis.

4. TRAVEL

- a. Travel will include the cost of transporting staff and clients during the provision of grant services. The following allowable travel costs are included within this category:
 - (1) Staff-owned vehicles: mileage reimbursement;
 - (2) Provider agency-owned vehicles: operating expenses and depreciation;
 - (3) Sub-contracted travel services;
 - (4) Rented vehicles;
 - (5) Government motor pool vehicles;

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR861421

- (6) Public transportation; and
- (7) Per diem.

b. Staff-Owned Vehicles

The travel cost of a vehicle owned by a Provider employee should be budgeted no greater than the applicant's designated mileage reimbursement rate. In public Provider agencies, the mileage rate is determined by the branch of government with which the Provider agency is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality. The actual cost of tolls and parking fees may be budgeted for employees using their vehicles for grant services.

c. Provider Agency-Owned Vehicles

- (1) Travel costs for vehicles owned by a Provider agency must be budgeted on an actual cost method. Actual costs will include fuel, maintenance and repair, insurance, registration fees, tolls, parking fees and depreciation.
- (2) There are two methods to budget motor vehicles with regard to acquisition cost:
- (3) The vehicle may be purchased with Provider agency funds. The cost will be depreciated over the useful life of the vehicle. The current year depreciation expense is listed in the Travel Category of the Service Budget.
- (4) The agency may budget the entire acquisition cost as a first year expense under the Equipment Category.

d. Rented Vehicles

If either a public or private Provider agency is renting vehicles from a private rental agency, the actual rental cost plus fuel (unless fuel is included in the rental cost) should be used to budget the cost. Rental costs will be considered reasonable depending on the type and degree of use and current fair market value of the model of vehicle. If a vehicle has been rented by the Provider until its acquisition cost has been reduced to below \$5,000, it may be purchased and budgeted as a current cost.

e. Motor Pool Vehicles

Provider agencies using vehicles supplied by a county or municipal motor pool may budget for travel by using the rate fixed by the motor pool.

f. Public Transportation

In cases in which public transportation is used for authorized travel by employees or clients of the Provider, the actual cost of fares required should be estimated. Fare or any other expenses for staff members to commute to and from work are not an allowable cost.

g. Per Diem

While Providers are encouraged to minimize the overnight travel costs, certain grant services may require occasional overnight travel on the part of employees. In such cases, per diem expenses should be budgeted no greater than the applicants designated per diem reimbursement rate. For private non-profit agencies, the current State of Arizona per diem rate shall be used. For public Provider agencies, the per diem rate is determined by the branch of government with which the Provider is affiliated. Public Provider agencies may budget up to the maximum rate allowable in their city, county or municipality.

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR861421

5. OTHER OPERATING

- a. Other Operating costs include materials and supplies, space and occupancy and general operating services. Costs related to space needed for the delivery of grant services are allowable expenses. Space costs include the expense of a facility and other expenses directly related to the operation of the facility. Space Costs, however, do not include the purchase or major modification of land or facilities.
- b. The costs of materials and supplies, necessary for the delivery of grant services, are allowable budgeted expenses. Such costs should be calculated by deducting from the purchase price, all cash and trade discounts, rebates, and allowances to be received by the Provider agency.

- c. Program Supplies

Program supplies include consumable supplies used directly in the provision of grant services.

- (1) Materials

- (a) Materials are consumable supplies used directly by the clients in the provision of grant services. Material supplies will include but are not limited to:
 - (b) Arts and Crafts;
 - (c) Housekeeping Goods (dishes, linens, etc.);
 - (d) Client Activities Costs;
 - (e) Toys; and
 - (f) Literature.

- (2) Medical Supplies: Medical supplies should be budgeted on an actual cost basis.

- d. Office Supplies

- (1) General Office Supplies

Office supplies are consumable supplies necessary to efficient administrative and service operations of the service program. The cost of this item may be budgeted by using a reasonable base cost per employee for the grant term multiplied by the total number of employees needing office supplies. Justification of the base cost must be available upon request.

- (2) Equipment

Any piece of equipment with an acquisition cost of up to \$4,999.99 will be budgeted under the Other Operating Category. Budgeting of such pieces of equipment will be done on an actual cost basis. All Pieces of equipment with an acquisition cost of \$5,000 or more should be budgeted under the Capital Outlay Category.

- (3) Postage

Postage may be budgeted by applying a monthly base to the total number of months in the grant. When applicable, Provider agencies should apply for and utilize special bulk mail rates.

- (4) Reproduction and Printing

The cost of printing and reproduction services, necessary for the performance of the Grant, including but not limited to forms, reports, manuals and informational literature is allowable. However, if a cost for the rental of a photocopier has been budgeted, care must be taken to avoid duplication of costs. When budgeting for reproduction and printing services, enter a reasonable estimate of actual costs.

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR861421

e. Maintenance of Space

This item refers to costs necessary for the upkeep of the Provider's facilities which neither add to the permanent value of these facilities nor appreciably prolong their intended life, but keep them in an efficient operating condition. This includes estimates of the actual costs of material needed for the maintenance and repair of the Provider's facilities or for sub-contracted maintenance services.

f. General Operating

- (1) Central Services: Service costs such as administrative, data processing, payroll, supply and duplicating facilities on which the expense can be calculated and segregated as a direct cost are to be entered in this item. Support these budgeted expenses by indicating the basis of the cost.
- (2) Communication: Telephone and answering service costs, as well as telephone directory listings, which assist the client to identify and contact the Provider agency for grant services, will be permitted.
- (3) Bonding: Premiums for bonding costs will arise when there is a need to protect the provider agency and government against financial loss. Bonding practices beyond those which the Provider agency should normally use as good business practice will not be required. The most common bonding classification is that of a fidelity bond sufficient to cover the potential loss of accessible funds.
- (4) Advertising: To acquire quality goods or services at a low cost; to recruit potential employees; or to inform the public of the availability of services.
- (5) Training: Provider agency employees are eligible for training directly related to the grant services. The necessary and appropriate expense related to training activities is to be included in this line item. The basis for this budgeted expense must be documented in the Proposal Itemized Service Budget, and a detailed description of the training activities must be rendered in the Program/Administration Section.
- (6) Trade, Business, Technical and Professional Activities: A series of costs may be encountered which assist in providing reference background, updating employees' knowledge and maintaining liaison or contact with similar activities. Expenses in this line item will be allowable when the costs are proven to be of direct benefit to the grant services. The following types of costs may be part of this item's budget expense:
 - (a) Library - purchases and fees;
 - (b) Subscriptions - professional literature;
 - (c) Membership - dues; and
 - (d) Professional activities, clubs and meetings.
- (7) General Liability Insurance: Insurance costs are those insurance costs which the Provider is required to carry, or which are approved under the terms of the Grant and any other insurance which the Provider maintains in connection with the general conduct of its business (excluding insurance on the building and contents which should be listed as a line item under Other Space Costs in the Space Category). The Provider can ascertain from the Department what types and amount of insurance coverage should be purchased.

6. CAPITAL OUTLAY (EQUIPMENT)

- a. The cost of equipment essential to the delivery of grant services and the maintenance of that equipment is allowable as a budgeted expense. Equipment which materially increases the value or useful life of a facility is unallowable.
- b. The Equipment Category, which includes office and program equipment, has been subdivided into two (2) sections: 1. Equipment Costs, and 2. Equipment Maintenance Costs. (Provider agencies should note that vehicle-operating expenses are to be budgeted within the Travel Category.)

ATTACHMENT 3 BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET
RFGA NO. HR861421

c. Capital Equipment Costs

Capital equipment costs may be budgeted through one of the following four methods:

- (1) Purchase;
- (2) Rental/Lease;
- (3) Depreciation; and
- (4) Use Allowance.

d. Equipment Maintenance Costs

- (1) To keep equipment at an efficient operating level, various maintenance services may be necessary.
- (2) Maintenance services provided by vendors either under a services subcontract or as random repairs will be budgeted under this sections. Care must be used that costs of maintenance services call do not duplicate maintenance fees provided for in rental agreements. Maintenance costs must be calculated in proportion to the use of the item by the Provider agency in the delivery of grant services.

7. OTHER

a. Administrative Costs

Administrative costs are those incurred for a common or joint purpose benefiting more than one cost objective or activity and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved.

ATTACHMENT 3

BUDGET DEVELOPMENT GUIDELINES AND WORKSHEET

RFGA NO. HR861421

1. <u>Personnel</u> (use additional pages, if necessary)			Total Salary for % Allocated
FTE %	Position/Title	Name of Employee	
			\$
TOTAL			\$
2. <u>Employee Related Expenses</u>			
Item	Basis		
FICA			\$
Unemployment Insurance			\$
Worker's Compensation			\$
Retirement			\$
Life Insurance			\$
Health Insurance			\$
TOTAL			\$
3. <u>Professional and Outside Services</u>			
Item	Basis		
			\$
TOTAL			\$
4. <u>Travel Expenses</u>			
Item	Basis		
			\$
TOTAL			\$
5. <u>Other Operating</u>			
Item	Basis		
			\$
TOTAL			\$
6. <u>Capital Outlay Expenses</u>			
Item	Basis		
			\$
TOTAL			\$
7. <u>Other</u>			
Item	Basis		
			\$
TOTAL			\$
GRAND TOTAL			\$

**ATTACHMENT 4
OTHER FUNDING SOURCES**

RFGA NO. HR861421

List of Other Funding Sources

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source that may be utilized to support the proposed program. Also list all funding received by your agency that is utilized to provide related services. Use a continuation sheet if necessary.

Type of Funding (Federal, State, local, other)	Received From	Amount	Term of Funding (Effective date/Ending date)
TOTAL:			

ATTACHMENT 5 PRICE SHEET

RFGA NO. HR861421

FIXED PRICE

PROGRAM SERVICE DESCRIPTION	NUMBER OF CLIENTS	UNIT RATE COST
Options Counseling	As Completed	\$
Prenatal Vitamins	As Completed	\$
Folic Acid Education	As Completed	\$
Education on prenatal care	As Completed	\$
Education on the benefits of breastfeeding and local resources that support breastfeeding mothers	As Completed	\$
Parenting skills training and education	As Completed	\$
Education on infant/child care and development	As Completed	\$
Education on the childhood immunization schedule and the importance of age appropriate immunizations	As Completed	\$
Preconception care education and support	As Completed	\$
	TOTAL	

With prior written approval from the Program manager, the Grantee is authorized to transfer up to a maximum of 10% of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding 10% or to a non-funded line item shall require an amendment.

**EXHIBIT 1
IMPLEMENTATION PLAN**

RFGA NO. HR861421

IMPLEMENTATION PLAN

The following is provided as an **EXAMPLE ONLY**

TASK	PERSON RESPONSIBLE	VERIFICATION	START DATE	END DATE
Hire program staff	Program Coordinator	Signed letter of Employment	April 1, 2008	May 31, 2008
Conduct/attend curriculum training	Staff	Training Certificate	April 1, 2008	May 31, 2008
Obtain school district board/agency approval	Program Coordinator	Letter of approval	April 1, 2008	June 1, 2008
Book classes for youth	Program Coordinator	List of confirmed Schools/Agencies and Schedule	May 1, 2008	June 30, 2008

Arizona Department of Health Services
Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number _____ P.O. # _____
2. Contractor Name _____
3. Title of Program _____
4. Reporting Period Covered: From _____ To _____

4A. ☐ Cost Reimbursement -
Cumulative Actual Expenditures
☐ Fixed Price
4B. ☐ Periodic Report
☐ FINAL REPORT

Invoice # _____

Contractor's Detailed Statement of Expenditures and Fixed Price

5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
A. Account Classification:		(a)	(b)	(c)	(d)
Personal Services and ERE		\$ -	\$ -	\$ -	\$ -
Professional and Outside Services		\$ -	\$ -	\$ -	\$ -
Travel Expenses		\$ -	\$ -	\$ -	\$ -
Other Operating Expense		\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -
Other		\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -

6. FIXED PRICE	Rate per Unit	Number of Units Provided this Reporting Period	Total Funds Earned this Reporting Period	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned
A. Type of Unit:	(1)	(2)	(3)	(4)	(5)
Options Counseling					
Prenatal Vitamins					
Folic Acid Education					
Education on prenatal care					
Education on breastfeeding					
Parenting skills training and education					
Education on infant/child care and development					
Education on childhood immunizations					
Preconception care education					
TOTAL					

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY				7. CONTRACTOR CERTIFICATION I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.	
ADHS PROGRAM COORDINATOR CERTIFICATION: <input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, withhold payment <input type="checkbox"/> No payment due	Total Expenditures or total Fixed Price _____ Adj (if required): _____ Less: Year to date payments _____ Adj (if required): _____ Net payment due: _____	Index	PCA	AY		Amount
PROGRAM COORDINATOR SIGNATURE/DATE	_____	_____	_____	_____	_____	AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE